

Illinois Comprehensive Cancer Control Program Evaluation Report Year 3 (July 1, 2019-June 30, 2020)

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Illinois Comprehensive Cancer Control Program
Division of Chronic Disease
Illinois Department of Public Health

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LIST OF ABBREVIATIONS

ACS	American Cancer Society
CDASH	Chronic Disease & School Health
CDC	Centers for Disease Control and Prevention
CRC	Colorectal Cancer
EBI	Evidence-based intervention
ED	Screening and Early Detection of Cancer Priority Area
FBO	Faith-based organization
HE	Reduce Cancer Disparities and Improve Health Equity Priority Area
HPV	Human papillomavirus
IBCCP	Illinois Breast & Cervical Cancer Program
ICC	Illinois Cancer Coalition
ICCCP	Illinois Comprehensive Cancer Control Program
ICLT	Illinois Cancer Leadership Team
ICP	Illinois Cancer Partnership
IDPH	Illinois Department of Public Health
LIDS	Library of Indicators and Data Sources
ISCR	Illinois State Cancer Registry
OHPm	Office of Health Promotion
OMH	Office of Minority Health
PP	Primary Prevention of Cancer Priority Area
SCI	Simmons Cancer Institute
SIH	Southern Illinois Healthcare
SIU	Southern Illinois University
SOM	School of Medicine
SUR	Improving Quality of Life of Cancer Survivors Priority Area
UIC	University of Illinois at Chicago
UICOMR	University of Illinois College of Medicine Rockford
USPSTF	United States Preventive Services Task Force
Y1	Year 1
Y2	Year 2
Y3	Year 3

**ILLINOIS CANCER PARTNERSHIP EXECUTIVE COMMITTEE MEMBER
ORGANIZATIONS**

American Cancer Society
The Blue Hat Foundation, Inc.
Hope Light Foundation
Illinois Department of Public Health, Division of Chronic Disease Prevention and Control
Illinois Department of Public Health, Division of Epidemiologic Studies
Illinois Department of Public Health, Division of Women's Health Services
Midwest Business Group on Health
Northwestern Lurie Comprehensive Cancer Center
University of Illinois at Chicago, School of Public Health
University of Illinois Cancer Center
Simmons Cancer Institute
Southern Illinois Healthcare
Southern Illinois University, School of Medicine
University of Chicago, Center for Asian Health Equity
University of Chicago, Pritzker School of Medicine
University of Illinois College of Medicine Chicago
University of Illinois College of Medicine Rockford

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BACKGROUND

Illinois Comprehensive Cancer Control Program

The overall goal of the Illinois Comprehensive Cancer Control Program (ICCCP) is to reduce cancer incidence and mortality by addressing areas across the cancer continuum. The purpose of the five-year grant cycle is to leverage existing partnerships and initiatives to enhance primary prevention, early detection, and survivorship. Towards this goal, ICCCP aims to sustain the current momentum around cancer prevention and early detection, to support an updated Illinois Comprehensive Cancer Control Plan, and to build capacity for the ICCCP to strengthen partnerships with multi-sector stakeholders. The project will increase the level and reach of cancer prevention and control strategies to reach the entire population of Illinois while also targeting vulnerable populations. This evaluation report will focus primarily on Year 3 (Y3) (07/01/2019 – 06/30/2020) activities.

All activities are guided by ICCCP and include programs in each of the following three priority areas:

1. Primary Prevention (PP) of Cancer
2. Screening and Early Detection (ED) of Cancer
3. Improving Quality of Life of Cancer Survivors (SUR)

In addition, each priority area has an enhanced focus on health equity. These programs are developed and implemented in coordination with various collaborators throughout the state.

Evaluation Framework

The evaluation for ICCCP is designed to examine three key components of ICCCP – 1) the partnership, 2) the dissemination of the cancer control plan, and 3) the activities in each of the priority areas. Several changes were made in the Y3 work plan priority area activities, wherein some were not completed, and others were added. The changes to the activities are described in detail within each of the priority areas and in the section describing evaluation challenges and opportunities. The evaluation for Y3 (July 1, 2019 – June 30, 2020) was modified in response to these changes.

YEAR 3 EVALUATION ACTIVITIES

The ICCCP evaluation is conducted by a team of researchers from the University of Illinois College of Medicine Rockford (UICOMR) and the University of Illinois at Chicago (UIC).

Year 3 evaluation related activities included:

- Implementing the Y3 evaluation plan
- Consulting with IDPH regarding recommendations for the Library of Indicators and Data Sources (LIDS) indicators
- Preparing evaluation reports for activities in 3 domain areas, with an additional focus on health equity:
 - Primary Prevention of Cancer (PP)
 - Screening and Early Detection of Cancer (ED)
 - Improve Cancer Survivor's Quality of Life (SUR)
- Working with individual agencies to obtain data for domain specific activities
- Attending and/or facilitating the following meetings:
 - Weekly meetings with Illinois Department of Public Health (IDPH) ICCCP team
 - Monthly technical assistance meetings with Centers for Disease Control and Prevention (CDC) project officer
 - Illinois Colorectal Cancer (CRC) Roundtable
 - Illinois Cancer Coalition (ICC)
 - Illinois Cancer Partnership (ICP) Executive Committee
 - Comprehensive Cancer Control evaluation webinars
- Maintaining approval from the UICOMR Institutional Review Board (IRB)

YEAR 3 EVALUATION

Illinois Cancer Partnership

The ICP has a total of 582 members, with an executive committee of 32 members (List of member organizations included after table of contents). In this grant year, a total of 13 monthly partnership meetings, were held. These meetings were held in conjunction with the Illinois CRC Roundtable meetings. The meetings were open to all, and included the executive committee, ICP members and partners, members of the evaluation team, and members of the Illinois CRC Roundtable. Agendas and meeting minutes are shared with the partnership.

ICP Annual In-Person Meeting

The ICP annual in-person partnership meeting, originally planned for June 2020, was not held this year due to meeting restrictions and health and safety concerns in place due to COVID-19. This decision was made collectively by ICP members during the March 24, 2020 meeting. Further, IDPH placed restrictions on travel and in-person meetings due to COVID-19.

Illinois Comprehensive Cancer Control Plan

The Illinois Comprehensive Cancer Control Plan (2016-2021) was approved in December 2017, and was officially released in June 2018 at the annual in-person ICP meeting. No direct funding is allocated for implementation or dissemination of the Illinois Comprehensive Cancer Control Plan; however, the plan is recommended to partners as a guiding tool in cancer prevention efforts.

In Y3, the ICP held two kickoff meetings to plan for the 2022-2027 iteration of the Illinois Comprehensive Cancer Control Plan. These meetings were initiated by the ICCCP and facilitated by *Leading Healthy Futures* (<https://leadinghealthyfutures.com>), a non-profit agency specializing in strategic planning services to state and local health departments. The first meeting was held on October 24, 2019 in Riverside, Illinois, a suburb of Chicago, and 33 individuals participated. The second meeting was held on November 6, 2019 in Carterville, Illinois, in the southern part of the state, and 28 individuals participated. During these meetings, staff from the IDPH, ICCCP and Leading Healthy Futures presented a summary of the current ICCCP, an overview of process for developing the next Illinois Comprehensive Cancer Control Plan; a presentation describing the current state of cancer in Illinois (presented by Kyle Garner of the Illinois State Cancer Registry); and a synopsis of the results of a cancer stakeholder engagement survey.

As a result of these meetings, a synthesized vision statement for the 2022-2027 cancer plan was created: *By 2027, Illinois will increase access to cancer awareness, education, screening, treatment, and long-term survivorship care for all Illinoisans, regardless of geography, financial status, insurance coverage, or any other characteristic.*

Following the meetings, *Leading Healthy Futures* prepared meeting summary and results (Appendix 1: Illinois Comprehensive Cancer Control Plan 2022-2027 Meeting Summary and Results). The summary synthesized the discussions from both meetings to create goals around three domains for the future cancer plan: Prevention; Screening and Early Detection; and Diagnosis, Treatment, and Survivorship. Each goal included specific objectives as well. The next steps for the development of the 2022-2027- Illinois Comprehensive Cancer Control Plan include development of strategies, action steps, and other plan elements during 2020.

Dissemination of the Illinois Comprehensive Cancer Control Plan

To date, the plan has been disseminated through various channels, including email correspondence, conference calls, and in-person meetings. In addition, links to the plan have been posted on the IDPH website (<http://dph.illinois.gov/topics-services/diseases-and-conditions/cancer>), and the IDPH Illinois State Cancer Registry (ISCR) page (<http://www.dph.illinois.gov/data-statistics/epidemiology/cancer-registry>). Analytics for the cancer website within the IDPH cancer web page were not available as of June 30, 2020.

Priority Area Activities

Priority Area 1: Facilitate Screening and Early Detection of Cancer (ED)

ED-1: Colorectal Cancer Screening Roundtable Events.

Associated evidence-based intervention (EBI): Small media to increase community demand for cancer screening services

The Illinois CRC Roundtable seeks to encourage participation in the roundtable by partners across the state in order to promote client and provider education in line with United States Preventive Services Task Force recommendations for CRC screening. The CRC Roundtable group met via 13 conference calls in Y3. During the meetings, attendees discussed plans for events and webinars, CRC screening activities happening in Illinois, and plans for the annual in-person meeting.

In Y3, one CRC Roundtable event was held, the *Early Onset Colorectal Cancer* webinar, on September 11, 2019. The webinar featured a 10-year cancer survivor who was diagnosed with CRC at an early age. The webinar was attended by 43 individuals including clinical providers, health system administrators, cancer advocates, academic researchers, and members of community organizations. An electronic evaluation of the webinar was conducted and the results were disseminated to IDPH and the CRC Roundtable group (Appendix 2: ED-1. Y3 CRC Roundtable Evaluation Report). The evaluation survey included questions concerning roundtable participants' demographics, reasons for attending the session, CRC screening practices, changes in practice that may result from attending a roundtable session, and overall feedback about the session.

Overall, most session attendees who completed the evaluation rated the presenter and the presentation as excellent and indicated an intention to change their practices in regard to CRC screening, however, actual practice changes were not assessed.

The ICCCP program manager left their position (11/2019) prior to the end of Y3, and this halted planning for webinar events and the annual in-person meeting for the remainder of the year. Thus, two webinars, one on Health Equity and another on rural/urban CRC disparities in Illinois, were not held due to limited personnel and staffing capacities. Further, the annual in-person colorectal cancer meeting was not held in Y3, and tentative plans to hold the event in early spring 2020 were halted due to safety and health concerns associated with COVID-19.

ED-2: Illinois Comprehensive Cancer Control Program Communication and Newsletters.

Associated EBIs: Small media to increase community demand for cancer screening services & Program Collaboration to advise and assist on newsletter and social media content, infographics, and other materials to be disseminated to cancer coalition members

In Y3, three newsletters were created (July, October, and November 2019) (Appendix 3: ED-2 ICCCP Newsletters). The newsletters were not disseminated to the ICP listserv because of delays receiving IDPH communications approval. Further, the ICCCP no longer had access to the Constant Contact platform, from which the newsletters were originally distributed and monitored in Y2.

ED-3: Inclusion of colorectal cancer screening awareness and practice questions on the Illinois Breast and Cervical Cancer Program's Annual Provider Survey.

Associated EBI: Provider assessment and feedback to increase service delivery by healthcare providers

In line with the ICCCP's priority area to Facilitate Screening and Early Detection of Cancer, the Illinois Women's Health Survey was implemented as a joint effort with the Illinois Breast and Cervical Cancer Program (IBCCP). Surveys were distributed to providers and staff at IBCCP-contracted practices across the state of Illinois from October through December 2019. The standardized survey instrument was developed, pilot-tested, and subsequently launched in Y3. The survey instrument included questions related to the ICCCP early detection domain, including items about colorectal cancer (CRC) screening awareness and practices as well as questions about the IBCCP program (awareness and implementation of evidence based interventions, knowledge / awareness of screening guidelines, and screening and referral practices). In total, 246 participants completed the CRC questions on the survey instrument. The reach of the survey was limited in that it only assessed providers in Illinois who were affiliated with an IBCCP agency.

A detailed evaluation report (Appendix 4: ED-3. Women's Health Survey Evaluation Report) was prepared and disseminated to the CRC Roundtable. The evaluation findings highlighted the following: 1) a majority of providers indicated being "very" or "somewhat" knowledgeable about the United States Preventive Services Task Force (USPSTF) recommendations for CRC screening; 2) provider knowledge of general screening guidelines and recommendations for common screening tests was high, in particular for the age to initiate screening and the screening intervals for colonoscopy and stool-based screening tests; 3) most providers reported referring patients for CRC screening services on a regular basis; and 4) variation in the frequency of screening referrals may be due to differences in clinical patient volume.

Responses suggested that providers could benefit from additional education regarding the recommended age to terminate CRC screenings, as this may lead to an increase in risk or cost, depending on whether screening is terminated too early or too late. Recommendations to improve knowledge of screening guidelines include ensuring that health care systems educate their providers on the USPSTF recommendations. This presents an opportunity for the Illinois CRC Roundtable to raise awareness of this issue. A future webinar or educational opportunity could highlight the recommended age to terminate CRC screenings. The webinar might also highlight USPSTF recommendations regarding CRC more broadly. Regarding the availability of CRC screening referral services, about 25% of respondents were not aware of referral services in their respective communities. Improving access to CRC screening services, in particular for vulnerable populations is necessary. Exploring low-cost options, like stool-based tests, may be an option for uninsured and under-insured populations, as well as for rural populations in Illinois.

Priority Area 2: Improve Cancer Survivor's Quality of Life (SUR)

SUR-1: Minority Health Collaboration with Faith-based Organizations in a Survivorship Project.

Associated EBI: Teach survivors how to access and evaluate available information & External Partnerships

In Y3, The IDPH Office of Minority Health (OMH) was contracted to implement the Faith-Based Survivorship Program among cancer survivors and their families. No programs were implemented in Y3. The initial curriculum that OMH proposed did not meet CDC recognition requirements, thus the IDPH ICCCP team provided assistance to OMH by identifying CDC approved programs to consider for implementation. Planning was halted in March 2020 due to COVID-19, which restricted in-person programming and temporarily reassigned OMH staff to COVID-19.

SUR-2: Survivorship Pilot Program with an Oncology Dietitian.

Associated EBI: Establish integrated multidisciplinary teams of health care providers

The Southern Illinois Healthcare (SIH) Survivorship Pilot Project was a collaboration between ICCCP and SIH. In Y1 and Y2, efforts focused primarily on implementing the two main components of the pilot project implementation (one-on-one counseling and conducting Nourish workshops), increasing visibility of the project within SIH in order to better serve patients, to establish health system infrastructure to identify patients for screenings and referrals to the clinical dietitian, and to create and disseminate nutrition-related education materials. In Y2, the dietitian provided free one-on-one counseling to 410 cancer patients, survivors, and caregivers and six Nourish workshops that reached 1,778 individuals (13 in-person attendees, 1,687 Facebook views, and 78 YouTube views). Starting in March 2020, the oncology dietitian conducted virtual appointments with patients due to COVID-19.

In Y3, efforts were focused on disseminating best practices and lessons learned from the Nourish Program pilot project to health care providers and practices. To do so, the oncology dietitian developed a webinar, *Nourish: Best Practices for a Successful Cancer Survivor Nutrition Program* (Appendix 5: SUR-2 SIH Nourish Webinar Slides) and a Nourish Program Toolkit (Appendix 6: SUR-2. 2020 Nourish Toolkit).

The 1-hour webinar, held on June 24, 2020, described 1) how a cancer survivorship program focused on nutrition was implemented in a rural area, 2) the obstacles and opportunities faced in program implementation, 3) ideas for program implementation in our “new normal” with COVID-19, and 4) tips for working with patients through the “Nourish” program toolkit. In total, 65 individuals attended the webinar. The webinar attracted attendees from 19 different counties (7 rural and 12 urban) and 31 different zip codes in Illinois, as well as attendees from the two nearby states of Missouri and Ohio.

Following the webinar, attendees received an electronic link to complete an evaluation of the webinar. The evaluation survey consisted of 21 questions covering the relevance and practicality of the information to attendees’ practice, increased awareness in survivorship nutrition and lifestyle issues, intention to make practice changes as a result of attending the webinar, increased awareness of caregivers’ roles, feedback about the presentation and the presenter, and information about the attendees’ practice and role in their practice (Appendix 7: SUR 2. 2020 Nourish Webinar Evaluation Form). A little less than half (n=29, 45%) of webinar attendees completed the evaluation and a detailed report was prepared and distributed to IDPH and the SIH team (Appendix 8: SUR-2. 2020. Nourish Webinar Evaluation Report).

Overall, attendees had very favorable ratings of the webinar’s content and the presenter. Many attendees (41%) indicated that they were interested in implementing a program similar to Nourish at their organization/practice, and many (48%) indicated that their practice/organization already offered a nutrition program for cancer survivors. Almost all, 97%, stated that they had an increased awareness of survivorship lifestyle and nutrition

issues after attending the webinar. In an open-ended response, they indicated learning new strategies specific to providing nutrition education to cancer survivors as well as ideas for implementing a nutrition program within their organization/practice. About 97% of respondents indicated that their practice/organization worked with underserved populations, who are typically at higher risk for survivorship issues. Additionally, a number of attendees served rural communities specifically, where there are a number of challenges to accessing cancer supportive services. Following the webinar, a PDF of *Nourish: Best Practices for a Successful Cancer Survivor Nutrition Program* toolkit was disseminated to webinar attendees. The toolkit highlighted best practices for implementing an oncology dietitian program in a clinical setting.

SUR-3: Women's Health Conference.

Associated EBI: Provide information to cancer survivors, health care providers and the public about cancer survivorship and meeting their needs & program collaboration

In line with ICCCP's priority area to Improve Cancer Survivors' Quality of Life (SUR), Micah Pierce, MS, RD, LDN presented a 1-hour session focused on survivor health and nutrition during cancer treatment to attendees of the 2019 IDPH Illinois Women & Families Health Conference on October 16, 2019 (Appendix 9: SUR-3. 2019 Women's Health Conference SIH Survivorship Session Slides). The session, *Cancer Survivorship in Southern Illinois: A Pilot Program*, showcased the Survivorship Pilot Program with an Oncology Dietitian (SUR-2 Activity) that was implemented at Southern Illinois Healthcare (SIH).

A self-administered paper-based evaluation form was distributed to attendees and it included 24 questions covering demographics of participants, reasons for attending the session, awareness of survivorship issues as a result of the presentation, any changes in practice that may be made as a result of attending the session and overall feedback about the session (Appendix 10: SUR-3. 2019 IL Women's Health Conference Survivorship Session Evaluation Form). The evaluation team completed an evaluation of this session and disseminated a report to IDPH and the session presenter (Appendix 11: SUR-3. 2019 IL Women's Health Conference Survivorship Session Evaluation Report).

In total, 31 people attended the 2019 Illinois Women & Families Health Conference presentation, and most of the attendees were individuals representing healthcare and government sectors. Among those attendees who completed the evaluation form, a majority (85%) indicated that the presentation had practical examples that were "excellent" or "very good." About 83% of respondents stated that presenter shared "excellent" or "very good" techniques applicable to their work. Nearly all, 92% and 88% respectively, stated that they had an increased awareness of survivorship and caregiver issues related to nutrition and oncology after attending the session. Of those attendees who completed the evaluation, both the presentation and the presenter were rated as "excellent" or "very good." The evaluation did not assess the impact of the presentation

regarding an intention to change practice due to lack of access and capacity to follow-up with program attendees.

Priority Area 3: Primary Prevention of Cancer (PP)

PP-1. Parents and Students Activity

Associated EBI: Community-wide education

The first activity described in the Y3 workplan, “PP-1. Parents and Students Activity” was intended to promote evidence-based education on Human papilloma Virus (HPV) to students and parents and to increase the proportion of eligible adolescents who have completed the HPV vaccination series. The activity was to be implemented by the Simmons Cancer Institute (SCI). In the beginning of FY 20, SCI relayed to IDPH that they would not be able to be a contractor on this activity, and no other organization was identified to do the parent and students activity. In lieu of this activity, the ICCCP decided instead to produce an HPV report titled “Prevention of HPV-Related Cancers in Illinois.” The report will be disseminated to stakeholders in Y4 and posted on the IDPH Comprehensive Cancer Program website.

Prevention of HPV-Related Cancers in Illinois Report

In Y3, the evaluation team created an initial draft of the *Prevention of HPV-Related Cancers in Illinois Report* in consultation with subject matter experts at American Cancer Society (ACS), CDC, and ISCR. A final report will be disseminated in Year 4. The report is intended to compliment other HPV related work the ICCCP is engaged in, including the ACS HPV Action Planning process. To our knowledge, this will be the first report produced by IDPH addressing HPV-associated cancers and vaccination since the [2015 IDPH Epidemiologic Report Series 16:02: Cancers Associated with Human Papillomavirus, Illinois, 2008-2012](#) and the only one to discuss both vaccination and cancer. The ISCR is planning to release an updated epidemiologic report data on HPV-associated cancers later this fiscal year.

The focus of the *Prevention of HPV-Related Cancers in Illinois Report* is to increase HPV vaccination. The draft report includes background information and data on HPV-cancers and HPV vaccination in Illinois. Currently, Illinois does not have a state requirement for HPV vaccination. Health providers are encouraged to offer and strongly recommend the vaccine to adolescent patients as part of routine vaccination. Illinois’s HPV vaccination rate (completion of ≥ 2 shots) is higher than the U.S. for both boys (55% vs. 53%) and girls (60% vs. 57%); however, the vaccination rate lags behind the Healthy People 2020 goal of 80%.¹

¹ Centers for Disease Control TeenVax View. Data from 2018 National Immunization Survey—Teen (NIS-Teen). <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>. Accessed June 25, 2020

PP-2. Provider Education: Speaker at Women's Health Conference

Associated EBI: Promote the adoption of standing orders by health care providers to increase appropriate vaccination

With support from the Illinois Comprehensive Cancer Control Program (ICCCP) and in line with the ICCCP's priority area of Primary Prevention of Cancer (PP), Suzanne Elder, Senior Director of State & Primary Care Systems, North Central Region, ACS, presented a 1-hour session (Appendix 12: PP-2. ACS HPV Session at the 2019 Women & Families Health Conference Presentation Slides) focused on HPV vaccination to attendees of the 2019 Illinois Women & Families Health Conference. During the session on Thursday, 10/17/2019, *Preventing Cancers Related to the Human Papilloma Virus*, a self-administered paper-based evaluation form (Appendix 13: PP-2. ACS HPV Session at the 2019 Women & Families Health Evaluation Form) was distributed to attendees. In total, 51 individuals attended the ACS session and of these individuals, 44 (response rate=86.2%), completed the evaluation survey. This was the first year this activity took place. It replaced the provider training formerly held in Y1 and Y2 by the Simmons Cancer Institute.

A majority of respondents (n=43, 98%) reported having an increased awareness of the HPV vaccine after attending the session and a majority reported planning to make changes to their practice/agency related to HPV vaccination.

Since health equity is a component to this activity, the evaluation included questions about knowledge of health disparities related to HPV vaccination. A majority of respondents (n=37, 84%) said they were knowledgeable or somewhat knowledgeable about disparities in HPV vaccination prior to the session. A majority of respondents said that their knowledge had moderately changed or somewhat changed as a result of attending the session.

For additional information on the results of the evaluation survey please see Appendix. 14: PP-2. ACS HPV Session at the 2019 Women & Families Health Conference Evaluation Report.

PP-3. ACS HPV Action Planning Workshops

Associated EBI: Provider assessment and feedback to increase appropriate vaccination

Since the Office of Maternal, Child and Family Health Services was not covering HPV during this year's School Health days, this activity was changed from PP-3: School-Based Health Center (SBHC) HPV Project in Y1 and Y2 to PP-3 ACS HPV Action Planning Workshops in Y3. For this activity, ICCCP, in collaboration with ACS and the Illinois Public Health Institute, held 4 workshops in Springfield, Chicago, Schaumburg, and Carterville, Illinois during November 2019. A total of 125 individuals participated across all 4 locations. The workshops were facilitated in order to gather stakeholder insight to develop an Illinois HPV plan to supplement the Illinois Comprehensive Cancer Control Plan. No

ICCCP funding was attached to these events and the event was not evaluated by ICCCP evaluators.

ACS conducted a workshop effectiveness survey (Appendix 15: PP-3. ACS IL HPV Action Planning Workshop Effectiveness Summary). Participants were asked to score the workshops across 7 areas (satisfaction, value, effectiveness, participation, commitment to the group, communication, and workshop objectives). Scoring options were 1-5 (with 5 being to a “great extent”). Overall participants across the 4 workshops rated each survey area over a 4.5 average. The area with the highest scores was “communication” (4.8). Feedback from the participants revealed a few themes across all workshops: several participants noted they enjoyed the opportunity to collaborate, to discuss and develop a list of barriers, facilitators, and strategies to address the barriers. Participants stated the workshop was engaging, and they enjoyed the interactive participation. Participants were also looking forward to next steps for this initiative and noted that the diversity of stakeholders present at the workshop served as an asset for discussion and brainstorming.

EVALUATION CHALLENGES & OPPORTUNITIES

ICCCP faced a number of challenges in Y3 that impacted implementation of program activities and consequently the ability to evaluate planned activities.

- In November 2019, the ICCCP program manager vacated the position. The position remained vacant until March 2020.
- ICCCP experienced significant impacts due to the unprecedented COVID-19 pandemic in fiscal year (FY) 2020.

From March 17, 2020 through June 30, 2020 impacts included but were not limited to the following:

- Limited or interrupted Illinois Department of Public Health (IDPH) staff capacity due to COVID-19 temporary reassignments, deployments, additional duties, etc.
- Delays among funded and unfunded partners to carry out planned activities due to staff capacity, organizational resources, and redirection of staff for COVID-19 response.
- Limited capacity of trusted partners (i.e. local health departments, hospitals, community health centers, etc.) to support program and/or evaluation activities.
- Cancellation of activities in accordance with the Governor’s Executive Stay at Home Order (Executive Order 2020-32; dates of order: March 21, 2020 – May 29, 2020) including in-person events over 10 people.
- Travel restrictions and other social distancing measures due to the Governors Executive Stay at Home Order.

Despite these challenges, the University of Illinois Chicago/Rockford evaluation staff continued to work closely with the IDPH to continue planned evaluation activities where appropriate and implement supplemental activities, as necessary. As workplan activities changed throughout Y3, the team worked collaboratively to ensure activities were evaluated as required. Regular meetings continued using virtual interfaces. The evaluation team has also modified evaluation activities to be conducted using virtual platforms.

In addition, the ICCCP has identified several opportunities in Y3:

- The hiring of the new ICCCP Manager, Linda Kasebier, in March 2020, has enabled the team to strategically discuss and re-evaluate Y3 strategies and activities and to ensure alignment with the Illinois Comprehensive Cancer Control Plan and other statewide efforts.
- Communication channels were set-up at the outset of Linda's onboarding (i.e. weekly meetings with the UIC evaluate team) that enabled the team to move efficiently and effectively through program deliverables in a very short time period.
- Strategies that included competitive bids, where appropriate, were implemented to support better program engagement and outcomes.
- Collaboration and coordination between internal and external stakeholders have resulted in better stakeholder buy-in across program areas.
- Focused efforts and greater momentum have begun around strategic planning as well as a renewed enthusiasm for the development of the 2022-2027 Illinois Comprehensive Cancer Control Plan.

The strengths of the program going forward are genuine and significant. The approach pursued by ICCCP and the UIC evaluation team is focused primarily on enhanced stakeholder engagement and collaboration; execution and synergy around program deliverables; and a focus on health equity across all domains to reduce the burden of cancer and improve health outcomes for all Illinoisans.